

Application for Certified Copy of Vital Record



Peggy Ann Milton, County Clerk
Government Center
115 E Washington Street, Room 102
PO Box 2400
Bloomington IL 61702-2400
Phone: (309) 888-5190
Fax: (309) 888-5932
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Please Note:

The fee for a vital record is \$10.00 for Birth, Marriage, or Death. This includes the search and the first certified copy. Each additional certified copy of the same record is \$4.00 for Birth or Marriage, and \$6.00 for Death. If the record is searched and not located the original search fee of \$10.00 still applies. Genealogical record fees are the same. Birth Records are available from 1860, Marriage Records from 1831, and Death Records from 1878.

A COPY OF A SIGNATURE ID IS REQUIRED WITH ALL MAIL REQUESTS
PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk

**Please Check the Type or Types of Records Requested
Then Fill out the Appropriate Sections Below**

BIRTH: ☐ MARRIAGE: ☐
DEATH: ☐

Birth		Number of Copies:
Name on Record		
Date of Birth		
Mother's Maiden Name		
Father's Name		
Requested By	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Agent Other _____	

Marriage (License and/or *Application)		*Applications can only be acquired by Bride or Groom	Number of Copies: Lic.____ App.____
Date of Marriage			
Groom's Name			
Bride's Maiden Name			
Requested By	<input type="checkbox"/> Bride <input type="checkbox"/> Groom Other _____		

Death		Number of Copies:
Name on Record		
Date of Death		
Requested By	<input type="checkbox"/> Spouse Other _____ Intended Use _____	

I, the undersigned Applicant, swear or affirm that I have completed the foregoing Application for a Certified Copy of a Vital Record and that my relationship to the individual whose name appears on the record requested is correct as stated in said Application.

Applicant's Signature

Driver's License Number

Date

Email Address

Address To Which Vital Record Should Be Mailed

Name

Address

City, State, Zip

Receipt Number (For Office Use Only)